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76287 7890 04/09/2010

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Frederik Struve

(Depositor's name)

170Km/

(Signature)

July 9, 2010

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/810,035	03/26/2004	Albert S. Weiner	2800450US1	8458

TITLE OF INVENTION: NON-VOLATILE TRANSISTOR MEMORY ARRAY INCORPORATING READ-ONLY ELEMENTS WITH SINGLE MASK SET

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510 \$0	\$0	\$1510	\$1510 \$0	07/09/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, THINH T	2818	257-390000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. Schwegman, Lundberg 2. & Woessner, P.A. 3. ....
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address Form PTO/SB/122 attached).		
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
Atmel Corporation

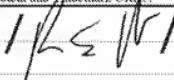
(B) RESIDENCE: (CITY AND STATE OR COUNTRY)  
San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
<input type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
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Authorized Signature   
Date 9 July 2010  
Typed or printed name Robert E. Mates  
Registration No. 35,271

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